

CAMPAIGN CONTRIBUTIONS**REPORT PERIOD Number 2**National Republican Legislators Association*Name (print)**Office (if applicable)**District (if applicable)***Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK ✓ IF LOAN

CAMPAIGN CONTRIBUTIONS**REPORT PERIOD Number 2**National Republican Legislators Association*Name (print)**Office (if applicable)**District (if applicable)***Contributions of \$100 or Less**

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION

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National Republican Legislators Association

*Name (print)**Office (if applicable)**District (if applicable)***Expenses Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
**Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

National Republican Legislators Association

*Name (print)**Office (if applicable)**District (if applicable)***Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE

CAMPAIGN EXPENSES**REPORT PERIOD Number 2**

National Republican Legislators Association

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DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

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NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

CAMPAIGN EXPENSES**REPORT PERIOD Number 2**

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